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FACSIMILE COVER SHEET

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**Receiver:** Central Fax Number/Examiner Michael H. Thaler  
USPTO

**TEL #:**

**FAX #:** 571-273-8300

**Sender:** Mary Terry, Patent Secretary for Dean E. Wolf

**Our Ref. No.:** MSKTP001

**Your Ref:** 10/644,601

**Re:** Amendment A

**Pages Including Cover Sheet(s):** 13

**FAX CONTENTS:**

Fax Cover Sheet – 1 page  
Amendment Transmittal – 1 Page  
Amendment A – 11 pages

**MESSAGE:**

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JUL 18 2007

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

Title: METHOD AND APPARATUS FOR  
PERFORMING AN ACCURATELY SIZED  
AND PLACED ANTERIOR CAPSULORHEXIS

Confirmation No.: 5570

**CERTIFICATE OF FACSIMILE TRANSMISSION:**  
I hereby certify that this correspondence is being transmitted by  
facsimile to the United States Patent and Trademark Office,  
Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)  
273-8300, Alexandria, VA 22313-1450 on: July 18, 2007

Signed:

Mary Terry

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	22	MINUS	20	02	x 25 = 2	x 50 =
Independent Claims	2	MINUS	3	00	x 100 = 0	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$50	\$0

- ☒ Applicant(s) hereby petitions for a 1 month extension(s) of time to respond to the  
aforementioned Office Action.
- ☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is  
determined that such an extension is required, Applicant(s) hereby petition that such an extension  
be granted and authorize the Commissioner to charge the required fees for an Extension of Time  
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the additional  
claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the  
enclosed response, to Deposit Account No. 500388 (Order No. MSKTP001).

Respectfully submitted,  
BEYER WEAVER LLP

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